Chapter Eleven Staff Health



The child care environment is more than teddy bears and finger paints. Caring for infants and toddlers is a high risk occupation with numerous documented health and safety hazards for staff such as exposure to infectious diseases, back injuries and bites, exposure to toxic materials, and stress.

Since most attention to health and safety has focused on the children in child care, many providers remain uninformed about occupational health and safety issues unique to their work. You can be instrumental in helping child care staff to protect their own health as well as that of the children in their care.

Although not required in Washington, pre-employment health assessments can be helpful in identifying caregivers' susceptibility to occupational hazards in child care settings. The *Child Care Staff Health Assessment* sample in this section is a good example of a job-specific appraisal that could be used by a health care provider. The sample *Employment Health Clearance Form* is an example of how the information from the health appraisal could be documented by the child care center (see Appendix H).

Staff Health Appraisals

Many infectious diseases affect child care staff as well as children in the child care environment. Some infectious diseases are more serious when contracted by adults, and others may have severe consequences for pregnant women or staff with compromised immune systems.

The *Examples of How Some Childhood Infectious Disease are Spread* in Appendix H summarizes common childhood infectious diseases and how they are spread and could be used as a handout to train staff about illness risks they may encounter.

For staff in infant/toddler settings, diseases spread through respiratory and fecal-oral transmission are of the greatest concern. It is not uncommon for infant/toddler caregivers to be exposed to diarrheal illnesses such as giardiasis and shigellosis. Diseases spread by the respiratory route and/or by direct contact that staff may encounter include chicken pox, fifth's disease, impetigo, pink eye, pertussis, and hand, foot, and mouth disease.

Cytomegalovirus (CMV) is of particular concern in infant/toddler settings because it is a very common viral infection of infants. It usually has no symptoms, and the virus can remain in the infant's urine or saliva for months or years. Because exposure to CMV during pregnancy can affect the fetus, staff who are pregnant should inform their health care provider of their work setting and seek advice about screening for CMV. Health policies should also inform parents of their responsibility to alert providers about illnesses children may have, thus protecting providers.

Communicable Diseases of Concern to Child Care Providers

Chapter 11 83

When is a Caregiver To Sick to Work?

Caregiver Tip When a Caregiver is Too Sick to Work

s useful for staff and reassuring to parents if there are established guidelines for when staff may return to work after an illness. Most adults with mild illnesses can safely care for children. However, a caregiver may be too sick to work if they have any of the following:

- The caregiver doesn't feel well enough to comfortably meet assigned responsibilities in the program.
- Caregivers should remain at home if they have any of the following symptoms, until a health care provider determines that the caregiver is well enough to work and that the illness is not contagious:
 - Fever (above 101 F. recorded orally) accompanied by behavioral changes or other signs or symptoms of illness;
 - Signs or symptoms of possibly severe illness (e.g. extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, lethargy);
 - Diarrhea (changes from the usual stool pattern including increased frequency of stools, looser or watery stools);
 - Vomiting more than once in the previous 24 hours;
 - Mouth sores that cannot be covered;
 - Rash with a fever or behavioral changes.
- If caregivers have received any of the following diagnoses from a health care provider, they should not report to work until treated and/or no longer contagious, or until a health care provider releases them for work:
 - Infectious conjunctivitis (pinkeye, with eye discharge) until 24 hours after treatment started;
 - Scabies, head lice, or other infestation until 24 hours after treatment and free of nits;
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 - Pertussis (whooping cough) until 5 days after treatment started;
 - Tuberculosis (TB) until a health care provider determines that the disease is not contagious;
 - Chicken pox until 6 days after the start of the rash or until all sores have crusted over;
 - Mumps until 9 days after the start of symptoms (swelling of cheeks);
 - Hepatitis A until 7 days after the start of symptoms (e.g., jaundice);
 - Measles until 6 days after the start of rash;
 - Rubella (German measles) until 6 days after the start of rash;
 - Oral herpes (if lesions cannot be covered) until the lesions heal;
 - Shingles (if lesions cannot be covered) until the lesions are dry;

Adapted by Jan Gross, R.N. and Penny O'Leary, M.S., from Caring for Our Children American Academy of Pediatrics and American Public Health Association. 1992.

One way to limit the spread of illness in a child care setting and to assure that staff fully recover from illness before returning to work is to help the center develop exclusion policies for staff illness. The CCHC may be called upon to answer questions from caregivers or parents about the ability of a sick caregiver to work with children. The health consultant may also be asked to advise caregivers developing a staff exclusion policy. It can be helpful to remind caregivers that such a policy protects the ill staff, other staff, and the children. It can also reinforce to parents that illness is a two-way street. Just as the caregiver excludes sick staff and children to protect their child, they are obligated to exclude their child to protect other children and those who care for their child.

When is a Caregiver Too Sick to Work?

Safe vaccines are available against many diseases. It is recommended that all child care staff have immunity to the following diseases: diphtheria, tetanus, measles, mumps, and rubella.

Measles outbreaks still occur and can be life-threatening for people who aren't adequately immunized. Adults born before 1957 generally are considered naturally immune to measles and usually do not need to be vaccinated. But adults born in 1957 or after should check with their health care provider about whether to receive a measles booster.

Hepatitis B vaccine is recommended for adults who may come in contact with blood in the course of their work. According to Labor and Industries (L&I) requirements, child care center employers are required to offer this vaccine to staff at risk of blood contact and provide training about practices and equipment to prevent exposure to blood.

Tetanus-diphtheria vaccine is recommended for adults. They need boosters every 10 years.

Influenza (flu) vaccine given yearly is advisable.

Hepatitis A vaccine, **varicella** vaccine (if they have never had chicken pox), and the **pneumonia** vaccine should also be considered by staff.

For more information about adult immunizations see References and Resources section.

Recommended Immunization Schedule for Child Care Staff

Lifting, carrying, and reaching are essential activities when caring for infants and toddlers. It's just not how much staff lift or carry, but how they do it. You can help them carry out these important tasks without injuring themselves. Providing staff training and/or educational handouts to caregivers is a useful way to share information on appropriate injury prevention.

Injury Risks for Staff



Injury Risks for Staff
Continued



Caregiver Tip

Major Principles of Lifting

- 1. Maintain normal spine curves, i.e., neck curve inward, upper back curve outward and lower back curve inward.
- 2. Keep the center of gravity over the base of support.
- 3. Use a wide base of support.
- 4. Use the stronger muscles first, i.e. back/leg muscles.
- 5. Keep the child or object as close to your body as possible.
- 6. Avoid twisting or jerking motions.

Recommendations When Lifting in Infant/Toddler Settings

- 1. Use proper lifting technique when lifting children off of the floor, in and out of cribs, highchairs, etc., and on/off nap cots and changing tables.
- 2. Consider using backpacks, front carriers, or slings to keep hands free and infants close to the body when carrying them.
- 3. Squat when working at low counters, tables, and sinks.
- 4. Do not lean back too far when reaching for toys or food from high shelves.
- 5. Use proper sitting posture when seated on floor, (e.g. back in normal curves). Use support when possible, such as furniture or a wall to lean on.
- 6. Encourage independence in children whenever possible. Is all lifting and carrying really necessary? Use stairs up to changing tables.
- 7. If it is difficult getting up from a squatting position, use a stable surface (table, chair) for support and push up with hands in addition to legs.
- 8. To lower a child or object to the floor, use the same mechanics in reverse order. Have a firm grasp on the child or object, place feet shoulders' width apart, one foot ahead, and keep the back straight as legs are bent to lower the object. Extend arms straight down; do not rotate the trunk.



Health Consultant Tip

Problems and Solutions for the Child Care Work Environment

	PROBLEM	SOLUTION
1.	Incorrect lifting of children, toys, supplies, equipment, etc.	 Educate on proper lifting and carrying techniques Encourage independence in children Promote job rotation where possible
2.	Inadequate work heights (e.g., child-size tables and chairs)	 Create a chair that would allow the staff to slide their legs under the table Use sit/kneel chairs Educate staff on proper body mechanics Provide the staff with adult-size chairs
3.	Difficulty lowering and lifting infants in and out of cribs	 Modify crib sides to enable them to slide down or modify the legs of the cribs to accommodate the staff. Educate staff on the proper use of body mechanics.
4.	Frequent sitting on the floor with back unsupported	 When possible, have staff sit up against a wall or furniture for back support Perform stretching exercises Educate staff on proper body mechanics
5.	Excessive reaching above shoulder height to obtain stored supplies	 Redesign kitchen area, placing heaviest items at waist height Reorganize snacks and supplies to simplify snack preparation procedures Utilize step stools when retrieving items which are above cupboard height
6.	Frequent lifting of infants and toddlers on and off diaper changing tables	 Educate staff on proper body mechanics Have toddlers use steps in order to decrease distance staff are lifting the children
7.	Forceful motions combined with awkward posture required to open windows	 Use step stool to allow for better leverage and reduce awkward posture Have maintenance staff improve quality of window slide
8.	Carrying garbage and diaper bags to dumpster	 Provide staff with cart to transport garbage Relocate garbage cart closer to work area Reduce size and weight of loads Educate staff on proper body mechanics

King, P., Gratz, R., Scheuer, G., & Claffey, A. "The Ergonomics of Child Care: Conducting Worksite Analyses", WORK: A Journal of Prevention, Assessment & Rehabilitation. 6.25-32, 1996.

Bites – What to do About Bites and Biting

Biting creates a crisis for all persons involved—the biter, the victim, the child care provider, and the parents. It is one of the hazards of caring for young children, especially infants and toddlers. Biting may be the result of many things.

- 1. Normal development for toddlers (sensory exploration; oral gratification)
- 2. Teething (begins around 6 months and usually complete by 3 years)
- 3. Frustration
- 4. Anger
- 5. Stress at home or at child care; too many changes
- 6. Lack of communication and/or coping skills
- 7. Lack of socialization skills

The CCHC can train caregivers on bite first aid. Bite wounds may become infected by bacteria, so staff should follow the same first aid practices to care for a bite in adults as they would if a child were bitten. Staff should seek medical attention if redness, swelling or fever occurs.

The CCHC may also consult with caregivers about bite policies, behavior policies, and strategies that can prevent or decrease biting behavior.

Exposure to Toxic Materials

In the infant/toddler setting, staff have frequent exposures to cleaning supplies and latex gloves which may cause irritation to skin, nose, lungs, or eyes. The following suggestions will help decrease this occupational hazard:

- 1. Check the composition of cleaning supplies and use only nontoxic materials. Many items used in child care programs, even if listed as "nontoxic," may have harmful effects on adults and children. Irritation will be decreased if staff maintain good ventilation and use gloves when working with irritating substances. Appendix I has information about nontoxic art and craft materials.
- 2. Advise staff to check with their Poison Control Center or the manufacturer if they have any questions about materials.
- 3. Staff can protect irritated skin with gloves and/or moisturizing lotion. Staff with an allergy to latex should use non-latex gloves.

Stress

Infant/toddler child care settings can be stressful environments. The CCHC may provide trainings on stress and stress reduction strategies. It is important to note that some of the causes for stress in care settings are not easily ameliorated.

Stress may be related to:

- 1. Tension between families and caregivers (related to parenting/caregiving styles, first-time experience with child care, etc.)
- 2. Child/staff ratios
- 3. Noise
- 4. Immediacy of the needs of the children and the added demands of caring for infants who cannot communicate their needs as clearly as older children
- 5. Low wages
- 6. Inadequate benefits

Since many child care providers are women in their childbearing years, the CCHC can play an important role in promoting health for those staff who are pregnant. The following recommendations can guide you to help staff manage common symptoms and risks during pregnancy.

Common Problems And Recommendations For Pregnant Child Care Staff

Caregiver Tip

Preventive Health Tips for Pregnant Child Care Staff

PROBLEM	SOLUTION
Fatigue	 Always take scheduled breaks. Rest on left side during breaks and lunch, or with feet elevated. Keep each workday to no more than 8 hours. Rest when fatigued.
Exposure to infectious diseases	 Use frequent and proper handwashing techniques. Use gloves, universal precautions, where appropriate. Establish informational network for parents and staff. Alert health care provider of child care work and potential for this exposure. Seek advice about immunization status.
Back problems	 Use proper lifting and carrying techniques. Avoid heavy lifting. Maintain good standing and seated posture. Use adult-size furniture; bring an adult-size, easily movable, comfortable chair from home, if necessary. Avoid floor-sitting. To avoid constant bending, have children climb up to teacher, if developmentally appropriate. Trade strenuous chores of lifting/moving heavy objects with other staff. Frequent urination. Have other staff available to cover room assignment to maintain staff-child ratios.
Swollen feet, varicose veins	 Wear support hose. Exercise. Change position frequently. Rest with feet elevated.

Reprinted from Gratz, R., & Boulton, P. "Health considerations for pregnant child care staff," *Journal of Pediatric Health Care*, 8 (1), 18-26, 1994

Incorporating this Chapter into Your Practice

- Review immunization status of the staff in centers you consult with and offer to help them set up a tracking system for staff.
- Provide information about adult immunizations to director.
- Work with staff to identify stressors and how to make a plan to deal with them.
- Advocate for time and a place for staff breaks and remind staff of the need to take breaks.
- Provide training about stress reduction and coping with stress.
- Advocate through public policy and community awareness efforts for higher wages and benefits for staff.
- Make copies of the sample *Employment Health Clearance Form* and review programs, policies, and procedures regarding staff health appraisals.
- Review centers' staff exclusion policies using the handout, *When is a Caregiver Too Sick to Work?* as a reference (see Appendix H).
- Contact the Washington State Department of Labor and Industries to find out the name of the specialist in your area.



Chapter Eleven Staff Health



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Communicable Diseases of Concern to Child Care Providers

Chapter 11 83

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Injury Risks for Staff



Injury Risks for Staff
Continued



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Health Consultant Tip

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Swollen feet, varicose veins	 Wear support hose. Exercise. Change position frequently. Rest with feet elevated.

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